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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/682,787	RECEIVED CENTRAL FAX CENTER JUN 16 2005
	Filing Date	October 18, 2001	
	First Named Inventor	Beime, Kenneth	
	Art Unit	3624	
	Examiner Name	Thu Thao Havan	
Total Number of Pages in This Submission	19	Attorney Docket Number	G07.042

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 Month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s): _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;"> RECEIVED OIPE/IAP JUN 17 2005 </div>
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Buckley, Maschoff & Talwalkar LLC		
Signature			
Printed name	Randolph P. Calhoun		
Date	June 16, 2005	Reg. No.	45,371

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Randolph P. Calhoun	Date	June 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent

**REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP ART UNIT 3624**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: BEIRNE et al.

Application Serial No.: 09/682,787

Filing Date: October 18, 2001

For: METHOD, SYSTEM, AND
STORAGE MEDIUM FOR PRE-
SCREENING CUSTOMERS FOR
CREDIT CARD APPROVAL AT A
POINT OF SALE

)
)
) Group Art Unit: 3624

) Examiner: Thu Thao Havan

) **RESPONSE TRANSMITTAL**

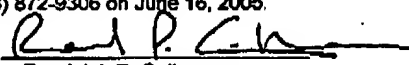
) Attorney Docket No.: G07.042

) **PTO Customer Number 28062**
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Sir:

Transmitted herewith for filing are:

1. ☒ Fee as calculated and transmitted as described below
2. ☒ After Final Amendment/Response mailed January 26, 2005
3. ☒ Petition for 2 Month Extension of Time

Application Serial No.: 09/682,787
Attorney Docket No.: G07.042

FEE CALCULATION


For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	37	- 37	0	\$ 50.00	\$ 0.00
Indep. Claims	3	- 3	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
Petition for 2 Month Extension of Time					\$450.00
OTHER FEE (specify purpose):					\$ 0.00
TOTAL FEE					\$450.00

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 for the amount of **\$450.00**. In addition, please:

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

June 16, 2005
Date


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